



Town of Luray
Zoning – Boundary Line Adjustment
Application No.: _____

Please provide a survey plat prepared by a licensed surveyor by the Commonwealth of Virginia with this application.

Surveyor Information:

Surveyor Name _____

Company Name _____

Surveyor VA Lic No.: _____ Exp. Date: _____

Parcel Information:

Original Page County Tax Map Number(s) & Lot Sizes (sf/ac) _____

Proposed Tax Map Number(s) & Lot Sizes (sf/ac) _____

Comments/Notes (Reason for BLA) _____

I hereby certify that the information provided on this application is correct and meets all Town, County, and Commonwealth requirements, and further attest that all required permitting will be received prior to commencing construction. (See Article II, Section 209 of Luray Code of Ordinances, townofluray.com)

Signature of Applicant

Date

Please provide a 3” high by 5” wide area on the survey plat for the Town’s approval stamp

The applicant shall record the plat in the Page County Clerk of Circuit Court’s office within six (6) months of approval, and a copy of the recorded plat and receipt shall be provided to the Town Zoning Administrator. Any plat not recorded within the six month time shall be deemed null and void.